

## **APPLICATION DATA SHEET**

### **Application Information**

<b>Application Number::</b>	To be Assigned
<b>Filing Date::</b>	July 21, 2003
<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested Classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>CD-ROM or CD-R?::</b>	
<b>Number of CD Disks::</b>	
<b>Number of Copies of CDs::</b>	
<b>Sequence Submission?::</b>	
<b>Computer Readable Form (CFR)?::</b>	
<b>Number of Copies of CFR::</b>	
<b>Title::</b>	METHOD OF TESTING SEISMIC BRACES
<b>Attorney Docket Number::</b>	36737-189786
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	1, 2a, 2b, 3-8, 9a, 9b, 10-13, 14A-14B, 15-16, 17A-17B, 18A-18D, 19A-19B, 20-22, 23A-23B
<b>Total Drawing Sheets::</b>	10
<b>Small Entity?::</b>	No
<b>Latin Name::</b>	
<b>Variety Denomination Name::</b>	
<b>Petition Included?::</b>	
<b>Petition Type::</b>	
<b>Licensed US Govt. Agency::</b>	
<b>Contract or Grant Numbers::</b>	
<b>Secrecy Order in Parent Appl.::</b>	

## **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** United States  
**Country::** United States  
**Status::** Full Capacity  
**Given Name::** Praveen  
**Middle Name::** K.  
**Family Name::** MALHOTRA  
**Name Suffix::**  
**City of Residence::**  
**State or Province of Residence::**  
**Country of Residence::**  
**Street of Mailing Address::** 110 Upland Road  
**City of Mailing Address::** Sharon  
**State or Province of Mailing Address::** MA  
**Country of Mailing Address::** United States  
**Postal or Zip Code of Mailing Address::** 02067

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** United States  
**Country::** United States  
**Status::** Full Capacity  
**Given Name::** Paul  
**Middle Name::** E.  
**Family Name::** SENSENY  
**Name Suffix::**  
**City of Residence::**  
**State or Province of Residence::**  
**Country of Residence::**  
**Street of Mailing Address::** 401 Buckminster Drive, Apt. 107

**City of Mailing Address::** Norwood  
**State or Province of Mailing Address::** MA  
**Country of Mailing Address::**  
**Postal or Zip Code of Mailing Address::** 02062-9102

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** Brazil  
**Country::** Brazil  
**Status::** Full Capacity  
**Given Name::** Antonio Carlos  
**Middle Name::** M.  
**Family Name::** BRAGA  
**Name Suffix::**

**City of Residence::**  
**State or Province of Residence::**  
**Country of Residence::**  
**Street of Mailing Address::** 10852 Wellworth Avenue  
**City of Mailing Address::** Los Angeles  
**State or Province of Mailing Address::** CA  
**Country of Mailing Address::** United States  
**Postal or Zip Code of Mailing Address::** 90024

**Applicant Authority Type::** Inventor  
**Primary Citizenship::**  
**Country::**  
**Status::** Full Capacity  
**Given Nam ::** Roger  
**Middle Name::** L.  
**Family Name::** ALLARD

**Name Suffix::**

**City of Residence::**

**State or Province of Residence::**

**Country of Residence::**

**Street of Mailing Address::**

**City of Mailing Address::**

**State or Province of Mailing  
Address::**

**Country of Mailing Address::**

**Postal or Zip Code of Mailing  
Address::**

### **Correspondence Information**

**Correspondence Customer** 26694  
**Number::**  
**Phone Number::** 202-962-4800  
**Fax Number::** 202-962-8300  
**E-Mail Address::** jpshannon@venable.com

### **Representative Information**

**Representative Customer** 26694  
**Number::**

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
	Continuation of		
	Continuation of		
	Continuation of		
	Continuation of		

## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

## Assignee Information

**Assignee Name::** FACTORY MUTUAL RESEARCH  
**Street of Mailing Address::** 1151 Boston-Providence Turnpike, Box 9102  
**City of Mailing Address::** Norwood  
**State or Province of Mailing Address::** MA  
**Country of Mailing Address::** United States  
**Postal or Zip Code of Mailing Address::** 02062-9102